Master's Thesis of Public Administration

Factors Affecting New HIV/AIDS Infections of the Economically Active Population and its Implication to Economic Growth of Zanzibar:

HIV/AIDS Policy

잔지바르 경제활동인구의 신규 에이즈 감염에 대한 영향요인과 경제성장에 대한 함의 연구

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ABSTARCT

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HIV/AIDS is the serous disease not only in SSA countries but globally as various studies conclude about this and thus the reason for UN Commission to include in MDG as now shift to SDG, though the burden of this disease is vary from country to country. Zanzibar is autonomous country under the United Republic of Tanzania and accounted as a place of HIV/AIDS prevalence due to the trends of HI/AIDS cases since late 1985, 3 cases was diagnosed to 2012 1% of total population of 1.3m were effected while in 2010 the rate was 1.6%. So was the aim of this study to know the reasons rise up the percentage within the short time.

The exploration based on the general objective to find out factors which affecting new HIV/AIDS infections of the Economically Active Population of Zanzibar as well with the specific objectives investigation of the KAP who spread the HIV/AIDS scourge, evaluation of the impact of using ARVs and assessment of the relationship between HIV/AIDS and economic growth of Zanzibar.

The study adopted survey research design. A total of 200 respondents who were selected using probability sampling stratified though the only 184 target population was able to respond due to the various reasons including a total of 9 were neglected by Researcher due to in complete statement and remaining didn't give feedback. The data collection instrument was questionnaire, interview and FGD that was self-administered with the help of research assistants. Both types of data were used in this study primary and secondary then collected data was analyzed by using IBM (SPP) 20.0 window and based on the demographic characteristics and objectives of the study later presented by using of tables, graphs and figures.

The result show that the presence of socio-economic factors including poverty, social status of women, emotional issues as the major factors as well other factors like urbanization, population growth, un employment rate etc. Moreover socio-cultural factors like polygamy, early marriage and practice of local norms affecting the economically active population of Zanzibar however not only that but also the issue of globalization, kidnaping and rape, circumcision etc. also regarded as the factors affecting new HIV/AID infections of the Economically Active Population of Zanzibar. Based on the socio-economic and socio-cultural factors the study found that both factors almost affecting the same just it differ for some percentage socio-economic factors are affecting by 25 % while socio-cultural factors have 21.7%.

Additionally the study found that the KAP who spread the HIV/AIDS scourge are many including FSW, IDU, MSM, SHLI, Security forces and Army, Prisoners etc. there is small interval of infections among these groups. On the side of impact of using ARVs it seemed have both positive and

negative impact. Positive impact including to maximize the life expectancy of the PLH+ and reduce the ratio of income dependency for their family while negative impacts increase the percentage ratio of HIV/AIDS figures, government expenditure cost and improper use of ARVs. Last based on the relationship between HIV/AIDS and economic growth the study found that there is direct relationship between these two variables however for this case economic growth of Zanzibar not totally either partially affected with HIV/AIDS only it vary between 0-25% due to there is no specific study which is conducted to know for what extent productive sectors were effected with this disease.

Study concluded that respect the high level of awareness of the factors affecting new HIV/AIDS infection still economic active population of Zanzibar need more sensitization and mobilization to adapt behavioral changes towards socio-cultural issues as well the empowerment should be the priority to fight against all forms of socio-economic factors which hinder the development of individual and society at large.

Keywords: HIV/AIDS, Economically Active Population and Economic Growth.

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ABREVIATIONS AND ACRONOMY

1.	AIDS	Acquired Immune Deficiency Syndrome.
2.	ANC	African National Congress.
3.	ARVs	Anti-Retro-Viral.
4.	ASAP	AIDS Service, Awareness and Prevention
5.	CD4	Cluster of Differentiation 4.
6.	CSW	Commercial Sex Workers.
7.	DHS	Data for Health Services.
8.	FBO	Faith Base Organizations.
9.	FDG	Focal Group Discussion.
10.	GBV	Gender Balance Violation.
11.	GDP	Growth Domestic Production.
12.	GMPA	Graduate Master of Public Administration.
13.	HIV	Human Immunodeficiency Virus.
14.	HSRC	Human Sciences Research Council.
	IBBS	Integrated Behavioral and Biological Survey.
15.	IDU	Injecting Drug User.
16.	KAP	Key Actors among Population.
17.	MDG	Millennium Development Goals.
18.	MoH	Ministry of Health (Zanzibar).
19.	NGO's	Non-Governmental Organizations.
20.	PLH+	People Living with HIV/AIDS.
21.	PMT	People in Military Forces.
22.	PMTCT	Prevention of Mother to Child Transmission.
23.	RGoZ	Revolutionary Government of Zanzibar.

24.	SDG	Sustainable Development Goals.
25.	SHLIs	Students of Higher Learning Institutions.
26.	SMM	Sex Man with Man.
27.	SNU	Seoul National University.
28.	SSA	Sub-Sahara Africa.
29.	STDs	Sexual Transmitted Disease.
30.	STI	Sexual Transmitted Infections.
31.	TAC	Tanzania AIDS Committee.
32.	TB	Tuberculosis Disease.
33.	TZs	Tanzania Shillings (Currency).
34.	UNAIDS	Joint United Nations Program on HIV/AIDS.
35.	UNDP	United Nation Development Projects.
36.	UNSG	United Nation Security General.
37.	VCT	Volunteer Council Treatment.
38.	WHO	World Health Organization.
39.	ZAC	Zanzibar AIDS Committee.
40.	ZAPHA+	Zanzibar Association of People Living with HIV/AIDS
41.	ZCAP	Zanzibar Control AIDS Program.
42.	ZNSP	Zanzibar National Strategic Plan.

CHAPTER ONE

1.0 BACK GROUND OF STUDY

1.1 Introduction

The primary goals of this chapter to explain the Situational Analysis of HIV/AIDS around the world, Objectives of the study, Research Questions, Hypothesis, Scope, Significance and limitation of the study.

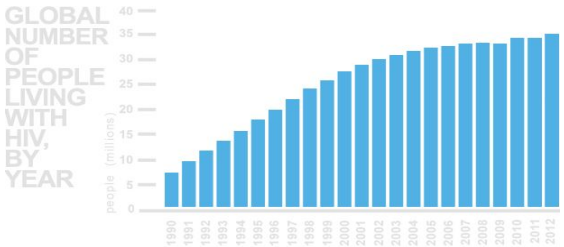
1.1.1 Situation of HIV/AIDS World Wide

Health is considered as among the major aspect of life for human survival. Unhealthier situation is among of the setback of development. HIV/AIDS is one of the most destructive diseases humankind has ever faced and become one of the world's most serious health and development challenges. Since the first cases were reported 1980s in the U.S more than three decades ago, the disease has spread unremittingly to virtually every country in the world. Although the burden of infection rates it vary among the countries.

As a major global public health issue, almost 75m people have been infected with the HIV virus and about 36m people have died of HIV Globally. It is estimated that each day 6,300 individual worldwide are infected with HIV and estimated 0.8% of adults aged 15–49 years were living with HIV/AIDS. The statistic show about 35.3m PLH+ at the end of 2012 with 2.1m people becoming newly infected with HIV in 2013 globally, although the burden of the epidemic continues to vary considerably between countries and regions. (UNAIDS: 2014).

Currently, the world continues with hot debate on the issue of HIV/AIDS how to solve by having a free population against HIV/ADS. To implement this many strategy and policy have been established and formulated including the 6 MDG which state "To combat **HIV/AIDS,** malaria, and other diseases" where the target of this goals concern HIV/AIDS "have halted by 2015 and begun to reverse the spread of HIV/ADS".

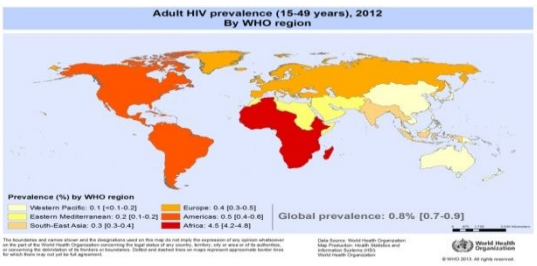
Figure 1 shows number of PLH+ by the year globally



Source: WHO

Based on the various researches which conducted the results shows that the people aged 15-49 are more effected with disease and put into account that these people most of them are economically active population so in another way it effects the Economic growth of the country.

Figure 2 shows the Adult HIV/AIDS Prevalence aged 15-49



Source: WHO

1.1.2 Situation of HIV/AIDS in SSA

The situation in Africa is drought full, with more than 24.5m cases comprising more than 60% of the world's PLH+. The 19 countries worldwide with the highest prevalence of reported infections are all in Africa. SSA remains the most affected region in the world which has just over 10% of the world's population, is home to 2/3 of all PLH+ and three quarters of all AIDS deaths (1.5m deaths) in 2007 (UNAIDS, 2010:8).

Table 1 shows HIV/AIDS Prevalence in Selected Countries across SSA, 2012

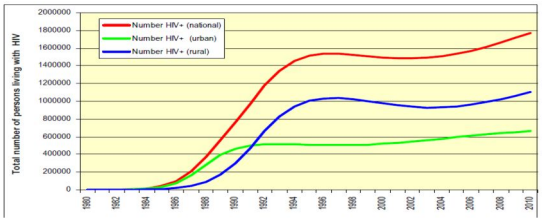
Country	HIV Prevalence (%)
Southern Africa:	
South Africa	17.9
Botswana	23
Swaziland	26.5
West Africa:	
Senegal	0.5
Cameroon	4.5
Nigeria	3.1
East Africa:	
Kenya	6.1
Uganda	7.2
Tanzania	5.1

Source: UNAIDS (2013) Global Report

1.1.3 Situation of HIV/AIDS in Tanzania

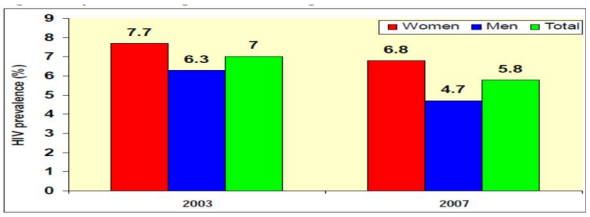
The first cases of HIV/AIDS in Tanzania were reported in1983, although for SSA as a whole the problem began to surface in the late 1970s. Currently more than 1.5m Tanzanians were living with HIV/AIDS, with 1.3m being age 15 or older.

Figure 3 shows Trends of PLH+ in Tanzania, 1980-2010



Source: (ASAP: 2008)

Figure 4 shows HIV/AIDS Prevalence aged 15-49 in Tanzania, 2003-2007



Source ASAP, 2008

1.1.4 Situation of HIV/AIDS in Zanzibar

Zanzibar as a semi-autonomous country within the United Republic of Tanzania situated in the Indian Ocean, 36 km off the coastline of Tanzania Mainland, it is an archipelago that includes Unguja and Pemba, plus about 50 smaller ones and its cover by 2,328 km2, and it has 1,303,569, people according to Population and Housing Census of 2012.

Figure 5 shows Map of Zanzibar (Unguja and Pemba Islands)

Source: www.zanzibarentacar.com

The first three AIDS cases in Zanzibar were officially diagnosed in 1986. Since then, the number of reported cases has been marked increase cumulatively from 3 in 1986 to 6,000 by the end of 2002. Roughly about 180 people are diagnosed with HIV infection annually. (Zanzibar multi-sect oral HIV/AIDS Policy, 2005: 9). According to Zanzibar's MoH, the number of PLHIV+ had reached 11,000 by 2012. HIV prevalence has increased from 0.6% in 2010 to 1% in 2012(THMIS). Is the aim of this study to know which reason lead to raise the figure in a short time.

1.1.5 Government and Non-Governmental Efforts in Zanzibar towards HIV/AIDS.

Many efforts to reduce the burden of HIV/AIDS have been taking place, including developed an explicit National HIV and AIDS Policy to consolidate the efforts, to expand interventions that have great response in preventing transmission of HIV/AIDS. As well the formulation of the ZNSP to create and sustain an increased awareness of HIV/AIDS through targeted advocacy, information, education, and communication for behavior change at all levels by all sectors and the establishment of ZAC.

1.2 Statements of Problem

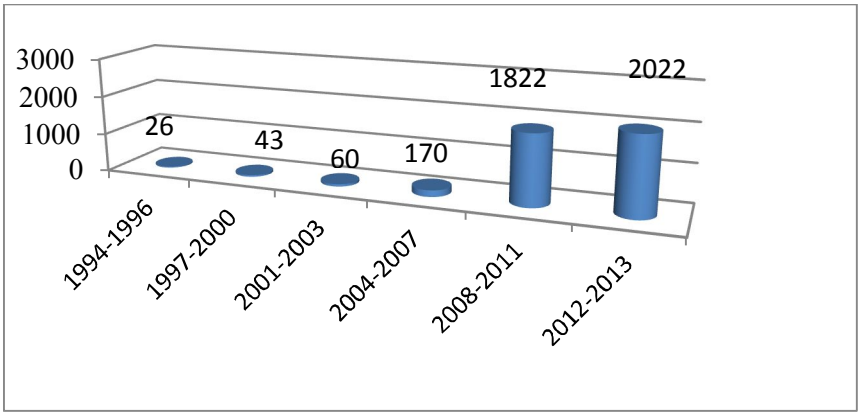
According to the three cases of HIV/AIDS diagnosed in Zanzibar, it seemed that a number of residency in Zanzibar who is affected with HIV/AIDS Infections increasing time to time. And most of them are youth who is accounted as economically active population.

Table 2 shows HIV/AIDS Prevalence of different Population in Zanzibar, 1986 to 2006

S/N	CATEGORY	AVAILABLE YEARS	PREVALANCE DATA %
1	HIV Prevalence among pregnant women	1980s	0.30%
		2002	0.60%
		2005	0.80%
2	HIV Prevalence among substance users	2006	12.90%
3	HIV Prevalence among Injecting drug users	2006	28.40%
4	HIV Prevalence among Blood Donors	1996	1.40%
		2000	1.40%
		2005	0.40%
5	HIV Prevalence among female domestic workers	2002	3.8
6	HIV Prevalence among S.T.I Patents	2002	5.60%
		2005	4.10%
7	HIV Prevalence among T.B Patents	1994	18.70%
		2002	25.50%
		2005	33%
8	HIV Prevalence among person in Private Sectors	2005	5.50%
9	HIV Prevalence among Farmers	2005	8.40%
10	HIV Prevalence among Tax Drivers	2005	5.70%
11	HIV Prevalence among Fishermen	2005	3.70%
12	HIV Prevalence among Hotel Staff	2005	10.30%
13	HIV Prevalence among Teachers	2005	1.40%
14	HIV Prevalence among Students	2005	1.90%
15	HIV Prevalence among Health Workers	2005	11.60%

Source ZAC (2007)

Figure 6 shows Membership Registration Trends in ZAPHA+ 1994-2013



Source ZAPHA+ Data Base 2013

Based on the HIV validation and concurrent observation from ANC surveillance the HIV prevalence rates in Zanzibar among the general population and ANC are 0.6% and 0.9% respectively, so these observed findings placed Zanzibar among the concentrated HIV prevalence.

(ZAC, 2004).

1.3 Objectives of Study.

1.3.1 General Objectives

To find out factors which affecting new HIV/AIDS infections to the Economically Active Population of Zanzibar.

1.3.2 Specific Objectives

To investigate the KAP who spread the HIV/AIDS scourge.

To evaluate the impact of using ARVs medicine.

To assess the relationship of HIV/AIDS and economic growth.

1.4 Research Questions and Hypothesis of Study

Research question one:

What are social-economic factors that affecting to new HIV/AIDS infections of the Economically Active Residents of Zanzibar?

Hypothesis one:

Socio-economic factors affecting new infections of HIV/AIDS in Zanzibar like poverty where majority of population of Zanzibar is live under US dollar $1equivalent to TZS 1,000, so they engaged in activities which associate with HIV/AIDS so as to afford their basic need. Also Social Status of Women lead a financially dependent for woman may cause to exchanging sex with her partner for their basic needs, as well limit some power of women in making decision especially relating the sex affairs like the way of playing and time to take place for the sex. Emotional issues closely related to sexual identity and self-confidence, may limit communication about safe sex.

Hypothesis two:

Socio- cultural factors affecting new infections of HIV/AIDS in Zanzibar including practice of local norms like traditional festivals, sexual prowess, promiscuous etc. Also the culture of practice polygamy for Muslim where Zanzibar among total population 99% Muslims, those woman comes from different backgrounds and different health status so if one is affected with HIV the remaining can be infected. Early marriage is other reason

contributing this due to couple they have longer time to expose sexual relation.

Hypothesis three:

There is other factors' affecting new HIV/AIDS infection in Zanzibar.

Research questions two:

Whose KAP spread the HIV/AIDS scourge in Zanzibar?

Hypothesis one:

There is KAP who spread more the HIV/AIDS scourge at Zanzibar may SCW, SMM, IDU, Prisoners, PMF (Security Guards), SHIL etc. There are different reasons why these people accounted as the KAP who spread more the HIV/AIDS including sexual behavior factors, environmental factors, behavioral factors etc.

Hypothesis two:

There is no KAP who spread the HIV/AIDS scourge at Zanzibar.

Research questions three:

Does ARVs medicine have any impacts?

Hypothesis one:

There is positive impact of using ARVs medicine, where it helps the people who living with HIV/AIDS to be smart and maximize their life expectancy.

Hypothesis two:

There is negative impact of using ARVs medicine, this happen when the PLHV+ use these doze for the aim to have longer expectancy life, where there is another people who have new infections so it lead to rise the number of PLHV+.

Hypothesis three:

There is no any impact of using ARVs medicine

Research questions four:

Is HIV/AIDS has any relation with economic growth of Zanzibar?

Hypothesis one:

The economy is performing poorly because of the infections of HIV/AIDS where most Active Population becoming bad ridden or death so this affecting the low/poor performance of economic growth.

Hypothesis two:

HIV/AIDS has no any relation with economic growths of Zanzibar.

1.5 Scope of Study

1.5.1 Time Scope

This study will be take place in the years between 2002 to date is the time where the Millennium Project was commissioned by the UN-SG to develop a concrete Action Plan for the world to achieve the MDG and to reverse the grinding poverty, hunger and disease affecting billions of people. Also the time marked HIV/AIDS is not medical problem only but also social, economic and cultural problem and established the ZAC to deal with that aspects.

1.5.2 Geographical Scope

The study will be take place at Zanzibar and due to the geographical scatted of Zanzibar will include two area Urban-West where is the center of Zanzibar as well the problem for high level and higher population exist, as well is the center of business activities and all Government Office located in this area. Another area is the coastal area zone in Unguja, where activities which take place in this area including tourism, hoteling and fishing.

1.5.3 Content Scope

As various studies has been shown the magnitude of HIV/AIDS, since three cases diagnosed in late in 1985 to date and it has large scope as the history, symptoms, contributing factors, ways of spreading, impact, preventions and treatment. Study will cover the factors affecting to new HIV/AIDS infections so as to reach the target of MDG of halted HIV/AIDS by 2015 by finding possible solutions, among those there is socio-economic factors like poverty, socio-economic status of women, emotional issues etc. and socio-cultural factors like practice of local norms, polygamy, early marriage etc. Presence of these factors leads economically active population to become uneconomic active as the result of low economic growth of the Country.

1.6 Significance of Study

May help the Government to improve the standard life of the people especially in the coastal area, mostly of them are poor and illiterate for their own development and country at large.

Also Policy Makers to implement the MDG of reducing HIV/AIDS and having 0% prevalence by 2015 by reviewing the health policy and work more on HIV/AIDS issues.

As a target of RGoZ to use the youths as backbone of the Zanzibar economy, while the rate of effected one is higher among them, will help to formulate the policy of empowerment so as to have active economically population which will be free from HIV/AIDS.

Likewise, may be used as literature review for Graduates, Journalist, Researchers and Scholars who need to research.

1.7Limitation of Study

Financial: the Scholarship didn't incorporate the research cost so it had difficult to conduct effectively consider I used primary data so I used pocket money for transport and data collection process.

Time: due to the limited time for the program so it leads very difficult to manage class schedule, dealing with research and other activities. For example I spend only 15 days for collecting the data.

Data: it's very difficult to access the data as the secondary data for more literature review.

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 Introduction

The principal goal of this chapter to define, review and summarize various literatures which are relevant to the Factors Affecting new HIV/AIDS infections of the Economically Active Population and its implication to the Economic Growth as various Researchers, Scholars and Authors have been state and the argument for that concept.

2.2 Socio-economic Factors

ZAC (2005:46) argue "sometimes economic and social factors force women and children to take the burden as head of their families, because they have no economic power, they engaged in sexual business that will be enable them to earn their living and they are likely to be infected with HIV and other STDs.

2.2.1 Poverty;

Coulibaly (2005) recited at UNICEF, (2000), Lugalla and Mbwambo (1999) The youth sexual behavior in a culture of poverty bear a large proportion of the brunt of economic and political instability that result in adult poverty. When parents experience economic down turns, it is children's interests like school attendance, clothing and feeding that are curtailed as adjustment strategy. Such children may engage in child labor to support their parents.

All over the world, 404m children of school age are not attending school. 100m of them make their living on streets either doing odd jobs like begging, stealing or engaging in commercial sex activities. 10m of the street and working children have cut off tie with their families mostly due to the inability of parents to provide the means of sustenance for them.

Gaviria, (1990). In some of the down trodden communities however, both parents and female children view commercial work by girls as the only means of earning income for the family or some parents facilitate their children's entry into the business. A trend is emerging in the sex industry in the developing countries that is the International trafficking in young females for the sex industry. The females are moved either from the developing countries to developing countries or to developed countries. This is a form of sex slavery. Poverty is therefore instrumental to the thriving of the International sex market as the factor contributing to HIV/AIDS to the economically active population.

2.2.2 The Social Status of Women;

Gorna (1996), show the factor related to the social and economic status of women including issue of power as the key factor to access the resources, which also influences the decision making. Women still earn less as their male counterpart, and those who are not employed depend on the wages of their husband or male partners may lead the situation where a woman is not able to insist on practice of safe sex, either in case of rape or violence or

financial dependency. The economic and power inequality it is estimated that as many as 80 % of HIV infected women worldwide acquired the virus from their one and only partner. A financially dependent woman may find herself exchanging sex with her partner for the money for food, clothing, living etc.

However, as Gorna argued, this is not all marriages are legalized prostitution but stress that dependencies create tensions and inequities in many partnerships. The economic dependence on their male sexual partners can have important consequences for women's sexual health. Women may decide not to try to persuade a partner to wear a condom, particularly if this request will cause a dispute about fidelity. Many women experience coercive sex and even rape within their primary relationship. Some decide not to resist this either because they experience or fear further physical violence, or because the economic and social constraints are so great.

Alcorn (1997), poverty and limited economic opportunities may encourage women's decisions to use sex as currency, as survival sex or in commercial sex. All these may lead to increasing vulnerability to HIV. Griensven et al, (1995) explain HIV prevention messages that recommend that women reduce the number of their sexual partners fail for various reasons. Jonathan Mann has argued that a woman's risk is related to her sexual partner's behavior. In Kigali, for example 1 in 5 PLH+ women had only one single life time partner and in Morocco 45% of infected women had been infected

by their husbands. In addition, women often lack control over their sexual relationships. In marriage the threat of physical violence may disempowered a women, even if she is aware of the danger of AIDS, even if condoms are available, and even if she knows her husband is HIV infected (Mann 1995). In short this explanation try to show the role of power how influence decision making especially for woman in term of playing a sex what time to play a sex1 and how they will play that sex.

2.2.3 Emotional Issue;

Biechele, (1996) said "Emotional aspects are closely related to sexual identity and self-confidence. This may limit communication about safe sex, and therefore influence the effectiveness of prevention intervention". While Mann (1995) argue "a person who is shy or feels intimidated to talk about sexuality, about his or her preferences, needs and desires will not easily be able to talk about methods of HIV prevention, such as safe sex, changing risky sexual behavior or insist on the use of condoms". Other emotional risk factors for HIV infection may be 'love' and 'partnership'. Love can make risk of infection since the one lover fear losing a partner so this make people accepting and tolerating risky behavior. Perceived trust in partnership may make safer sex methods within partnership and in outside sexual relationships taboo subjects, because they are implying mistrust and unfaithfulness (Biechele 1996, Gorna 1996).

1 Whether there is factor which lead enforcement like economic condition or rapid.

2.3 Socio-cultural Factors

Hardy (1987) on his views about socio-cultural factors shows that there is a unique factors in Africa which contributing to HIV/AIDS to compare in the Western societies where the age and sex distribution of AIDS cases in Africa, emphasis has been placed on sexual transmission of HIV these including promiscuity, sexual practices that have been associated with increased risk of transmission of AIDS virus (homosexuality and anal intercourse); and cultural practices that are possibly connected with increased virus transmission (female "circumcision"2 and infibulations) and show his emphasis at the current time promiscuity seems to be the most important cultural factor contributing to the transmission of HIV in Africa.

2.3.1 Early Marriage;

"Age at the first marriage may be associated with the spread of HIV infections since individual who marry at early ages, will have longer period of exposure to sexual activities and therefore exposure to the risk of infections with HIV and other STIs" TAC (2005:1). ZAC just depict on one side of effect of early marriage, where there is possibility early marriage can be the source of preventing of HIV/AIDS due to the biological indicator of measured age is the dangerous age where the youth have more desire sex so most of them they engaged in sexual relation with different partners. So if

2 Traditional practice of cutting off the clitoris and sometimes the labia of girls or young women.

they have early marriage they can be a source of reducing the HIV risk by having common partner or wife.

2.3.2 Polygamy;

ZAC (2005:113) explain that "In some societies cultural and traditional practices enhance HIV and STIs due to people (men) are respected when they have married several where those women come from different backgrounds and different health status so if one is affected with HIV or any STIs the remaining can be infected too". Again, ZAC didn't consider the positive side of polygamy where can be the source of reduce the HIV/AIDS prevalence within a society due to the nature of man does not satisfy with one woman, so even he has one wife also he can look for another one illegal or more than one just for enjoyment. So if a man has more than one wife there is a possibility to be satisfied and reduce the rate of HIV/AIDs.

2.3.3 Practice of Local Norms;

Bauni and Jarabi, (2000) in their perspective of some cultures, show how the HIV/AIDS prevalence taking place in Sub Sahara where in certain African culture deceased married male are required to have sexual intercourse with his widows as part of the purification rituals. Similarly, widowers may be required to have sexual intercourse with other females. The widows are sometimes coerced to have the ritual sexual intercourse. Some of the male relations of the diseased insist on having the sexual intercourse even when the widow is HIV+.

While on other side their views focused on culturally sexual liaisons for widow and levirate whereby male sex partners can be arranged for a widow been members of the late husband's agnatic relatives. Hughes, (1988) argues "In several developing countries, sexual prowess is highly valued. There is for instance the machismo complex in the Latin American countries, which requires male to demonstrate virility by having many sex partners and in some SSA countries sexual intercourse between non-marriage partners is a requirement for some ritual practices".

2.4 Key Actors of spreading HIV/AIDS among Population

MoH (2012) argue that "While HIV prevalence in the general population remains low, it is known that certain populations, referred to as KAP, are at increased risk for HIV infections, including IDU, MSM, and SCW. Data from IBBS conducted among KAP in 2007 support this knowledge, having found HIV prevalence rates of 16.0%, 12.3% and 10.8% among IDU, MSM and SCW".

The study limits the Key Actors, while there are more KAP who can spread the HIV/AIDS, like the SHLIs also can be among the Key Actors of HIV/AIDS within the population due to close interaction which they have among them and unlimited freedom. Most of the time they share cultural diversity and they live far with their family, so some times they use this opportunity to engage in sexual relationship. Other group is Prisoner who spends their long life time in jail as the result they used to rape each other

among them so as to satisfy their human desire. Also the people who work in the military forces and security guards they have chance to have more prevalence among them due to the environment of their work of moving from one place to another and lead them to live far with their family or couples as a result of having sexual relations among them or near surrounding environment. Not on only that but also fisherman most of the time their activities make them to move from one point to another taking example in Zanzibar they surround all Indian ocean so they live far with their family almost 3 to 6 months, so when they are there the possibility to exchange money for sex.

2.5 Impact of use ARVs

Asingwe (2007) said "The individually realized benefit of improved health was cited by almost all the users in the three countries ranging from energized hope to live; ability to resume work and commercial activities, planning for their families, and to contributing to the wider struggle of combating HIV and AIDS through the use of ARVs" he cited one case from Mozambican women whose CD 4 count at the time of the study was around 220, weighing 58 Kgs had become an HIV Activist running HIV and AID related programs on TV to sensitize the population on the epidemic and to promote the use of ARVs3. Sophia said,

"I came to learn about my HIV zero-status in 2005, after several episodes of sicknesses. Given the shock of the HIV results and the battle with TB, I was

3Primary treatment for people who is infected with HIV/AIDs.

hospitalized for 6 months. At the time of hospitalization, my CD4 count was 30 and I was weighing 28-30 kilograms. I started on ARVs, which I attribute my life and current good health to. I was very sick, I could not talk, but ARVs made me regain my life and health."

Apart from positive impact of uses of ARVs also Asingwe show the negative impact of use ARV due to various barriers which associate with the accessibility of ARVs including facility based, policy, awareness, and transport related, as well as nutritional, were cited in almost all selected communities in the three countries which study conducted these are Tanzania, Mozambique and Bukinafaso. Asingwe didn't show the negative impact of using ARVs for Government side where it increase the government cost twice in term of life expectancy for PLVH will be raise at the same time the possibility of new infected, so the Government supposed to take care for all.

2.6 Relationship of HIV/AIDS and Economic Growth

According to TAC (2005:11) views "HIV/AIDS epidemic poses a serious threat to the economic and social development of the country and has direct implications on the social services". Again, TAC (2005:1) "Has been established that poverty significantly influence the spread of HIV/AIDS which ultimately lead to a loss of economically active segment of the society, lead to a reduction to income. The human capital loss has serious social-economic impact in sector and all level".

AIDS has played a significant role in the reversal of human development in Africa. One way in which HIV and AIDS affects the economy is by reducing the labor supply through increased mortality and illness. Among those who are to work productivity is likely to decline as a result of HIV-related illness. In the same vein, Government income also decline as tax revenues fall and governments are pressured to increase their spending to deal with the expanding HIV epidemic. The impact the HIV and AIDS has had on the economies of Africa countries is difficult to measure.

CHAPTER THREE
3. O CONCEPTUALIZATION, OPERATIONALIZATION &METHODOLOGY

3.1 Introduction

This chapter focuses on the Theory of the concept, Scale to evaluate the Concept and Means of Collecting the Data and Size of the Population.

3.2 Conceptualization/Theories

3.2.1 Poverty with HIV/AIDS;

Poverty is associated with weak endowments of human and financial resources, such as low levels of education with associated low levels of literacy and few marketable skills, generally poor health status and low labor productivity as a result poor households typically have few if any financial or other assets and are often politically and socially marginalized. These conditions of social exclusion increase the problems of reaching these populations through programs aimed at changing sexual and other behaviors. It is not at all surprising in these circumstances that the poor adopt behaviors which expose them to HIV infection. Even if the poor understood what they are being urged to do it is rarely the case that they have either the incentive or the resources to adopt the recommended behaviors. But unless the reality of the lives of the poor are changed they will persist with behaviors which expose them to HIV infection.

Two examples of this state of affairs will perhaps suffice to indicate how poverty leads to outcomes which expose the poor to HIV. Firstly, poverty especially rural poverty, and the absence of access to sustainable livelihoods, are factors in labor mobility which itself affecting s to the conditions in which HIV transmission occurs. Mobile populations, which often consist of large numbers of young men and women, are isolated from traditional cultural and social networks and in the new conditions they will often engage in risky sexual behaviors, with obvious consequences in terms of HIV infection.

Secondly, many of the poorest are women who often head the poorest of households. Inevitably such women will often engage in commercial sexual transactions, sometimes as Commercial Sex Workers but more often on an occasional basis, as survival strategies for themselves and their dependents. Poverty is a key factor in leading to behaviors that expose people to risk of HIV infections. The UNDP, for example, argues that poverty aggravates other factors that heighten the susceptibility of women. "A lack of control [by poor women] over the circumstances in which the intercourse occurs may increase the frequency of intercourse and lower the age at which sexual activity begins". So poverty is a factor in HIV transmission and exacerbating the impact of HIV/AIDS. (University of Pennsylvania - African Studies Centre).

The truth which can't be avoided Poverty related with the HIV/AIDS as European Scientific Journal June edition vol. 8, No.14 ISSN: 1857 – 7881 prove "SSA Countries is home to 70% of the poorest people in the world and has lowest GDP in the world, with more than 60% of the population spending less than US $1 a day They also have the highest HIV/AIDS prevalence rates". In the absence of alternative opportunities to earn a livelihood for themselves and their households, millions of women in Africa indeed sell sex. While millions engage in commercial sex work on a regular basis, even more people not commonly thought of as "commercial sex workers" find themselves needing to exchange sex for money or goods on an occasional basis. Many women have been forced to turn to sexual transactions in order to obtain desperately needed money in communities characterized by social inequalities. Some older men with money procure sex from young women in exchange for gifts or money.

Thus the relationship between poverty and HIV transmission is not simplistic (Collins and Rau, 2001). The debate on the role of poverty in driving the sexual transmission of HIV in is widely acknowledged and accepted in the literature around HIV/AIDS (HSRC, 2001a: 41). Although there are some powerful critiques of the poverty-AIDS argument, which claim that many of the worst affected African countries such as Botswana, Zimbabwe and South Africa are among the most economically developed in the region.

3.2.2 Social Status of Woman with HIV/AIDS;

The study conducted in in SSA show that women represent 61% of adults living with HIV/AIDS in that Region compared to 46% of adults worldwide. Women are at an elevated risk of infection and this is being fueled by socio-status. Carolyn Bayles explains women are particularly vulnerable to HIV infection because of the relations between men and women; she explains that Gender relations play a role in women's economic security; this role often takes the form of vulnerable, economically dependent women relying on men, often older men, for financial security.

Women who are dependent on men for their finance often have a subordinate standing in the relationship as a result. This position of subordination can be further exaggerated by cultural disparities in the social standings of males and females; also religion in some parts of Africa, such as Nigeria's predominantly Muslim north where Sharia law is implemented, has been used as a means to oppress women and prevent their financial advancement. Dependence on males makes it harder for women to insist upon safer sex relations, such as condom use, and also hinders a female partner's ability to negotiate their husband's behavior outside of the relationship.

On the side of Brooke Schoepf explains that working class wives express powerlessness in the face of what they know, assume, or suspect to be their husbands' multiple partners'. Male infidelity is quite common in many parts of sub-Saharan Africa, as can be drug use, and both of these factors place the male, but crucially the female (who is very often unaware of their partner's 'extra-marital' activities) at an increased risk of HIV infection. Another issue to be considered is a lack of, or a restriction to, education for young women and girls this is a contributing for reason of the economic disparity for women due to decreased employability, but there is also a more direct impact on the prevention of HIV/AIDS. So the combination of the lack of education and the resulting economic insecurity can force women to take desperate measures to fund their daily lives. For some women the only way of securing their financial future for themselves, and sometimes their children, is by engaging in seriously dangerous risk-taking behavior such as prostitution. FSW are at an increased risk of contracting the virus due to the number of sexual partners they have; very high HIV prevalence rates amongst this group have been observed in both Kenya and Uganda.

There are also socio-political factors that place women at an increased risk of GBV as a result increasing in possibility of HIV infection. One striking case of GBV transmitting HIV on a large scale was seen during the Rwandan genocide of 1994 where ethnic cleansing by means of forced sex and the use of rape as a weapon of warfare meant a large number of Rwandan women were left infected with HIV. Almost 70% of the Rwandan victims who are

still alive have HIV/AIDS infections and spread throughout Africa. (London: Routledge, 2000).

Social determinants of HIV risk for women;

(i) Societal values, such as restriction of sex education in the U.S. and the belief that education is not necessary or appropriate for girls and women in other countries. (ii) Cultural norms, which dictate lower status roles for women and result in subordination to their partners and lack of control over life decisions. (iii) Poverty, which has propelled the global epidemic in developing countries—Africa, Asia, and parts of South America—and in the U.S. among people of color and those residing in parts of the rural South. (iv) Social dependency and Economic dependency which formed by lack of education including skills to gain employment and compete economically, which leaves woman to dependent upon their fathers, and, later, their husbands. When husbands die or choose not to support them, these women are left with few options and often find themselves in poverty. To survive, many women have no choice but to become sex workers or to trade sex for necessities such as food and housing for themselves or their children. (v) Unequal power-relations give women a subordinate position and make them socially dependent on male family members. Women have less access to health care, employment, education, information, etc. thus women are in a poorer position to control when, with whom, or in what circumstances they have sex. (vi) Also the ideology of fidelity, love and trust within marriages/ relationships often leads couples of all ages to neglect or abandon condom

use. Resuming condom use without a crisis following any infidelity can put the relationship at risk.

Without the power to select sexual partners, choose the timing of sexual encounters, or insist on safer sex practices such as the use of condoms are unable to protect woman themselves from infection of HIV/AIDS.

3.2.3 Emotional Issues with HIV/AIDS;

A tendency to develop physical symptoms or fears associated with personal problems. Biechele (1996), said "Emotional aspects are closely related to sexual identity and self-confidence. This may limit communication about safe sex, and therefore influence the effectiveness of prevention intervention". While Mann (1995) argue "a person who is shy or feels intimidated to talk about sexuality, about his or her preferences, needs and desires will not easily be able to talk about methods of HIV prevention, such as safe sex, changing risky sexual behavior or insist on the use of condoms". Other emotional risk factors for HIV infection may be 'love' and 'partnership'. Love can make risk of infection since the one lover fear losing a partner so this make people accepting and tolerating risky behavior. Perceived trust in partnership may make safer sex methods within partnership and in outside sexual relationships taboo subjects, because they are implying mistrust and unfaithfulness (Biechele 1996, Gorna 1996).

3.2.4 Polygamy with HIV/AIDS;

The practice of polygamy may, in most cases, be explained in terms of a "levirate," a social practice used to ensure the continued status and survival of widows and orphans within an established family structure in Africa. It has been proclaimed by pro activists that it is the only way to sustain equity of resources in poverty stricken societies but on other way it increases the rate of HIV/AIDS. For example in the study conducted in Botswana estimated there is highest infection rate of HIV/AIDS due to men allowed to marry several wives if they pay a dowry, known as *lobola*, which normally entails giving cattle to the brides' parents.

Polygamy main driver of Aids in Swaziland and it estimated 40% of adults are infected. The research found that polygamy, widow inheritance, multiple female partners, and extramarital relationships—in the past viewed as important for keeping society together but increased vulnerability to HIV/AIDS. "If one sexual partner in such sexual networks is HIV-positive and sex is unprotected, the practice becomes an important driver of the pandemic," said the UNDP's Swaziland Human Development Report for 2008.Similar kind of social dynamic exist in Uganda as well. In Kwinkumda village, Eastern Uganda, for example, most women are at risk due the polygamous marriages. In this area, when a man has only one wife, he is considered a bachelor. They believe that it is useful to have more than one wife, since if one goes to visit her parents, the other will remain to look after the husband sexually.

However, President Yoweri Museven in his national 2000 Annual address cautioned that there may be a danger in having multiple sex partners because HIV/AIDS is mainly spread through sexual relationships. If the man is not sexually satisfied with the official wives he is tempted to have other women. Therefore, the effects of spreading HIV/AIDS within polygamous marriages are more fatal than in monogamous relationships if men have extra-marital sex partners. This is so as there is multiple cross infection.

According to BBC News an Ethiopian man Ayattu Nure, aged 56, with 11 wives and 77 children has been urging people not to follow his example and gave advices on family planning and contraception. The man learnt a lesson after seeing his fortune disappear under the competing demands of his enormous polygamy family. Polygamy does not bring fame but a lot of responsibilities. Also, polygamous women, tired of waiting for their husbands, indulge into extra-marital affaires and expose themselves to the deadly HIV. Even if only one woman contracts the virus eventually everyone would be infected. In addition in Zimbabwe the policy document on HIV/AIDS calls for the abolition of polygamy, child marriage, and inheriting of brothers' widows, which the sects previously approved. In this document they noted that there is a danger if the husband cannot satisfy the polygamous wives, they will be tempted to look for sex outside the marriage, and one of the partners may be infected and this will increase the risk of contracting and spreading HIV.

According to a survey by Kenya Central Bureau of Statistics, people with more than one sexual partner are active players in fuelling the HIV epidemic. The Kenya AIDS epidemic Jane, aged 28, whose community embraces polygamy, regrets that she became infected with HIV when she got married as a third wife two years later after married. She stresses that before she moved in with her husband, they had been tested for HIV and both were negative.

She said "I strongly oppose this bill passed by parliament regarding polygamy because you can never guess which of the four of us infected the others". But some women do support the bill as they believe it protects the family. Anna Nyokabi, member of the National Assembly, said: "When the bill pass, both the children and the women are protected. Kenyans have been well-educated on HIV and it calls for personal responsibility to protect one's family. According to her, children and women are victimized by irresponsible men, who abandon the woman after she gets pregnant. In desperation, the woman may turn to sex work to feed the child, putting herself at more risk. Yet the fact remains that extra-marital affairs are putting women at risk.

The Kenya Demographic and Health Survey (2003) reports that 11 per cent of married men have extra-marital partners, as opposed to two per cent of married women. "Instead of indulging in extra-marital sex, the man should legally recognize that woman as his wife," says Nyokabi.

On the other side Dorothy Onyango, Executive Director of Women Fighting AIDS in Kenya. She said "Every woman has a right to enjoy married life and the government should understand that the higher the number of sexual partners [in a marriage], the higher the risk of HIV infection and noted that if any of the wives became infected with HIV, she would put the entire family, including infants and unborn children, at risk". Moreover it seemed if partners are not infected with HIV at the beginning of their relationship, they can remain safe in terms of HIV infection even if condoms are not used, as they are faithful to each other. Van Dyk (2001:120) says that "polygamy often helps to prevent and reduce unfaithfulness, prostitution, STDs and HIV infection". While according to Member of Parliament for Zombodze Emuva Constituency in Swaziland, Johannes Ndlangamandl said "men in polygamous marriages were vulnerable and at high risk of getting infected with HIV since faithfulness by their partners was not guaranteed".

3.2.5 Early Marriage with HIV/AIDS;

Throughout the world, marriage is regarded as a moment of celebration and a milestone in adult life. Sadly, the practice of early marriage gives no such cause for celebration in most African communities. Imposing marriage upon a child means that the girl or boy's childhood is cut short and their fundamental rights are compromised. Young married girl is exposed to torture, abuse, and the risk of the deadly HIV/AIDS infection. Some authors have looked at the reasons for the perpetuation of early marriage and its possible increase in populations in Africa. A key factor is poverty, with the

marriage of children often seen as a strategy for economic survival. In addition, it is perceived as a way to protect girls from HIV and STI. However, evidence points to the contrary where most of them infected with HIV/AIDS.

Indeed, girls who marry young in Africa are mostly from poor families and have low levels of education. So the parents they marry their girls as means of getting financial resources and once husband has paid a hefty dowry, the girl is also under an immediate pressure to prove her fertility. Girls often embrace their fate and bear children quickly to secure their identity, status, and respect as an adult. As a result, these young girls have high total fertility rates but have missed the opportunity to be children – to play, develop friendships, bond, become educated, and build social skills. This vicious cycle of poverty is compounded by the pandemic HIV/AIDS that is in many cases an outcome in the process for the forced teenage marriages. Child brides may face a higher risk of contracting HIV and other sexually transmitted diseases than unmarried sexually active teenagers, according to research by the University of Chicago.

Ethiopia has one of the highest rates of child marriage in the world, despite a national law prohibiting the practice. Nationwide, 60% of girls under the age of 18 are married. In the Amhara region, half of girls younger than 15 are married It is worrying for the government as the prevalence of HIV in this second highest populated country in Africa with over 70 million people is

escalating. What is more stressful is that marriage for many teenage girls is the beginning of frequent and unprotected sexual activity, not only in the family but in extra-marital affairs. The younger the bride, the more sexually active they are. The frequency of sexual intercourse among married girls is far higher than among unmarried sexually active girls. Analysis of DHS by WHO shows that in 27 of 29 countries, more than half of recent unprotected sexual activity occurred within marriage.

One fundamental difficulty with teenage marriage is that girls are financially dependent on their husbands and, therefore, they lack the power to make demands upon them. They cannot ask their husbands to get an HIV test; they cannot abstain from intercourse or demand condom use; they cannot insist that their husbands be monogamous; and ultimately, they cannot leave because they cannot repay their high dowry. Therefore, poverty in another way still remains the root of early marriage for most young girls in Africa. If current patterns continue during the next decade, more than 100 million girls in Africa will be married before the age of 18 and this also threat the efforts against the HIV/AIDS.

3.2.6 Practice of local Norms with HIV/AIDS;

Social behavior in a particular group or social unit. Norms form the basis of collective expectations that members of a community have from each other, and play a key part in social control and social order by exerting a pressure

on the individual to conform. In short, "The way we do things around here." Or Formal rule or standard laid down by legal, religious, or social authority against which appropriateness (what is right or wrong) of an individual's behavior is judged.

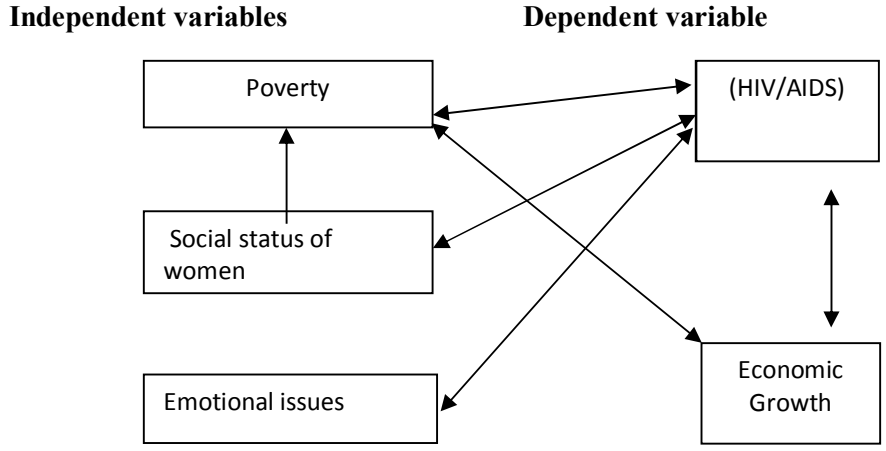
In several developing countries this norms high appreciated and some of them has been regarded as the one way of spreading HIV/AIDS like, sexual prowess is highly valued. There is for instance the machismo complex in the Latin American countries, which requires male to demonstrate virility by having many sex partners (Hughes, 1988). In some Sub-Saharan Africa countries sexual intercourse between non-marriage partners is a requirement for some ritual practices. Cullen and Khalokho (2000) found that in Mbale District of Uganda, boys are circumcised as part of passage de rite at the adolescent stage. A period of one month is fixed during the initiation rites when the boys are required to have sexual intercourse. Eligible female partners must be of comparable ages to the boys, it is necessary for several boys to have sexual intercourse with the same female and vice-versa in order to have the required number of partner for successful completion of the ritual. The traditional sex ethos among some Kenyan and South African cultural groups also requires females of non-prohibited degree of relationship to grant a request for sexual. European Scientific Journal June edition vol. 8, No.14 ISSN: 1857 – 7881.

Also there are some mistaken belief in some countries that taking birth control pills can protect women and men from getting HIV; young girls are being forced or lured into unsafe sex with HIV+ men, because the men assume the girls are not HIV+ and/or they mistakenly believe that sex with a virgin can cure HIV common attitudes about gender differences that associate masculinity with risk-taking, aggression and disregard for possible. Additionally the local celebration in some society increase the case of HIV/AIDS due to villagers during that time they feel free to do whatever they need as to have temporary sexual partner and most of the time they didn't concentrate of safe sex and in the rural area not easy to find the condom in the shop or other health care Centre.

3.3 Operationalization

The study first used the casual variable what is the socio-economic and socio-cultural factors which affecting more HIV/AID where this was Poverty, Social status of Women, Emotional issues, Polygamy, Early marriage, Practice of local norms etc. Also used correlation module through two variables. These variables try to show how socio-economic and socio-cultural factors affecting to HIV/AIDS prevalence then how HIV/AIDS relate to economic growth of the country.

Figure 7 shows Correlation Model of Socio-economic Factors with two Variables



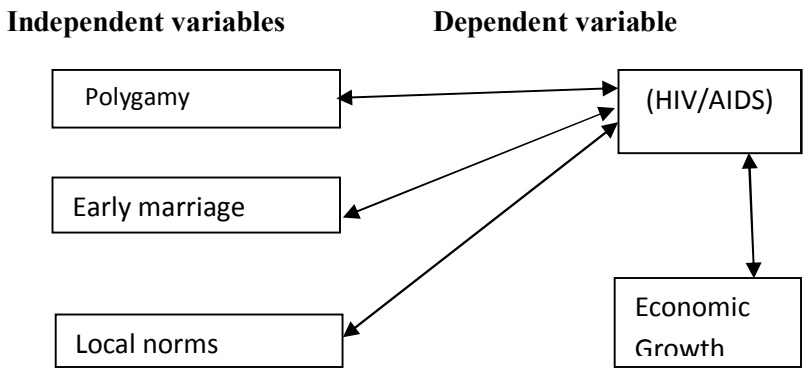
Source: Investigator, 2015

Presence of these variables it effect each one. Most of the economically active population suffer with poverty and lead to engage in the work which is the riskier so as to satisfy their basic needs. As the result there is opportunity of affected with HIV/AIDS and if the economically active populations suffer with HIV/AIDS is the result of poor economic growth simply because of losing labor force by death or bad ridden as well if there is no economic growth is the symbol of poverty.

Also presence of the variables social status of women was the result of economically active population to suffer with poverty because this relate with power as the key factor to access the resources, which also influences the decision making most of the women they are weak on this issue. A financially dependent woman cause to exchanging sex with her partner for the money for food, clothing, living etc. so this provide the chance of affected with HIV/AIDS and if the economically active populations suffer

with HIV/AIDS there is possibility of poor economic growth by losing labor force as the same symbolize the poverty. Additionally the presence of emotional issues closely related to sexual identity and self-confidence, limit communication about safe sex, and therefore influence the effectiveness of prevention intervention as the result of people get HIV/AIDS. But there is no correlation between variable emotional issues and social status of women.

Figure 8 shows Correlation Model of Socio-cultural Factors with two Variables



Source: Investigator, 2015

Presence of variable Practice of local norms including local festivals, sexual prowess, promiscuous etc. accounted as the factor contributing new HIV/AIDS. As well polygamy due to man to have several wives which comes from different background with social status so if one is affected with HIV/AIDS the remaining too. And early marriage since individual who marry at early ages, have longer period of exposure to sexual activities and therefore exposure to the risk of infections with HIV/AIDS.

3.4 Measurement

The variable Socio-economic and socio-cultural factors measured by using degree of trust if people they believe these factors affecting new HIV/AIDS infections in the economically active population. The variable HIV/AIDS and Economic growth also measured by using trust if people they believe the HIV/AIDS has the relationship economic growth and the variable Economic growth measured by using GDP performance of the country.

3.5 Methodology

3.5.1 Study Population/Target Group;

The target population is defined as the members of a real or hypothetic set of people, events or objects the researcher wishes to generalize the results of the research (Borg and Gall, 1989). The study populations were Civil Servants, Entrepreneurs, SHLIs, and PLH+. The reason behind to choose this population most of them are economically active population and their work associate with the higher risk of HIV/AIDS.

3.5.2 Sample Size;

Sampling is the process of selecting a number of individuals or objectives from a population such that the selected group contains elements representative of the characteristics found in the entire group (Mugenda and Mugenda, 2003). The study used simple random sampling method to create a sampling frame. Simple random sampling is considered to be simple and

more cost efficient system, than multi stage, systematic and clustered sampling". (Henn et al 2006).

Stratified sampling was used where different leadership levels of the group were included in the survey. Stratified random sampling was suitable in this case because the population to be sampled was divided into homogenous groups based on the two characteristics under consideration i.e. those who is positive and negative infected. A simple random sample of the total target group of 200 was chosen. The aim of stratified sampling was to achieve an even representation of the subgroups of the population in the selected sample (Mugenda and Mugenda, 2003).

The study was involved 200 people with equal no for each among the study population so as each population to have equal representation of their ideas. The reason to choose this sample size the large sample size raises the possibility of getting reliable data.

3.5.3 Sampling Procedure/Design;

In this study survey research design was used. According to Mugenda and Mugenda, (2003) survey research could be descriptive, exploratory or involving advanced statistical analysis. Descriptive research determines and reports the way things are and attempts to describe such things as possible behaviour attitudes, values and characteristics. Schindler and Coopers, (2003) says that descriptive studies are structured with clearly stated investigative

questions. Descriptive studies serve a variety of research objectives including description of phenomena or characteristics associated with subject population, estimate of proportion of population that have similar characteristics associated and discovery of association among different variables. Descriptive research design is also designed to provide further insight into the research problem by describing the variables of interest and can be used for profiling, defining, segmentation, estimating, predicting, and examining associative relationships. Descriptive research design was chosen in this study because the researcher aimed at find out the Factors Affecting new HIV/AIDS Infections for the Economically Active Population. It also helped to describe the state of affairs of the problem under investigation and the relationship between the variables.

3.5.4 Data Collections Tools/Method of Collecting Data;

3.5.4.1 Questionnaire;

The main instrument designed for the study was a self-designed open-close questionnaire and contained two parts. Part A contained information on personal data of the respondents while part B was designed to elicit responses on the respondents understanding on issues relating to HIV/AIDS. The questionnaires were preferred in this study because they allowed the researcher to reach a larger sample within a shorter time. Best & Khan (1993) noted that questionnaires enable the person administering them to explain the purpose of the study and the meaning of items that may not be clear. This

method has a large coverage enabling the gathering of a large sample very inexpensively. It is also anonymous. Anonymity helps to produce more candid answers than is possible in an interview.

3.5.4.2 Interview;

Unstructured interview through face to face mode was used so as to have interactions with respondents and to get deep information. "In person or face to face interview allows the researcher to obtain large amounts of data, perform in depth and ask more complicated or sensitive question" (William 2005).

3.5.4.3 Focal Group Discussion (FGD);

Also was used FGD involved the people who have the same characteristics. The objective is to make the best possible use of the knowledge and expertise of people in the group. What they say during the conversation may give rise to further questions that you think need to be answered. (Donald Currie 2005).

3.5.5 Data Types:

The study used both type of data. Primary data are information that a company must gather because no one has compiled and published the information in a forum accessible to the public so as to get the source of the problem in details. It can provide the information about subjective and objectives characteristics of population. (Joop J & Hennie R 2005).

Secondary data gathered and recorded by someone else prior to and for a purpose other than the current project (for more literature review). In ‘‘secondary data analysis,’’ the individual or group that analyzes the data is not involved in the planning of the experiment or the collection of the data. Such analysis can be done based upon information that is available in the statistical information in the published articles, the data available in the text, tables, graphs, and appendices of the published articles, or upon the original data. (Russell M. Church2001).

3.5.6. Data Analysis Method;

Data collected were screened, coded and entered into the Statistical Package for Social Sciences (IBM-SPSS) version 20.0 for windows. This software was used to facilitate the data analysis process. Using this software, frequencies, percentages, tables, charts and figures were generated to explain the data.

CHAPTER FOUR

4.0 DATA PRESENTATION AND ANALYSIS

4.1 Introduction

This chapter is about the data presentations and analysis of the Factors Affecting new HIV/AIDS Infections for the Economically Active Population of Zanzibar and based on the objectives of the study and demographic characteristics of respondents.

4.2 Demographic Characteristics of Respondents

Table 3 shows Demographic Characteristics of Respondents

Variables	Classification	Frequency	Percentages
Gender	Male	68	37.0
	Female	116	63.0
	Total	**184**	**100**
Age	15- years	6	3.3
	15-25 years	32	17.4
	25-35 years	42	22.8
	35-45 years	48	26.0
	45-55 years	38	20.7
	55-65 years	15	8.2
	65+ years	3	1.6
	Total	**184**	**100**
Job	Public Servants	32	17.4
	Private Sectors	15	8.2
	NGO's	12	6.5
	Entrepreneurs	48	26.1
	Students	37	20.1
	Others	40	21.7
	Total	**184**	**100**
	Primary	40	21.7
	Ordinary level	30	16.3
	Advance level	26	14.1

Variables	Classification	Frequency	Percentages
Educational Status	College	38	20.7
	Bachelor	25	13.6
	Master	20	10.9
	Ph. D	5	2.7
	Total	**184**	**100**
Marital Status	Married	52	28.3
	Single	63	34.2
	Widow	31	16.8
	Divorced	35	19
	Cohabitation	3	1.6
	Total	**184**	**100**
Residential	Urban -West	114	62
	Coastal Area Zone	70	39
	Total	**184**	**100**

Source: Investigator, 2015

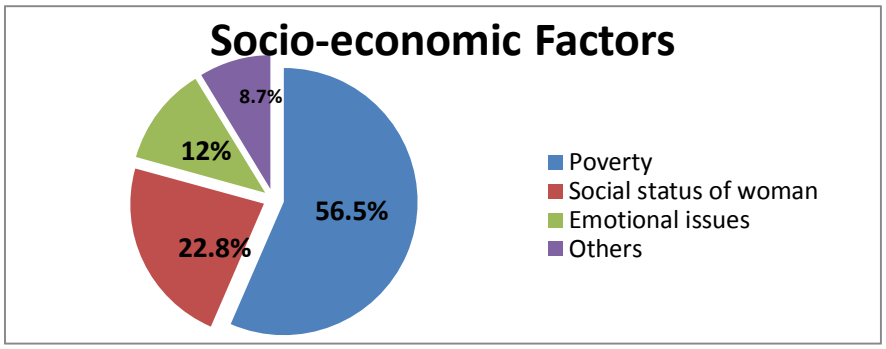
According to the table above it show that a greater proportion of the respondents are female where is 63.0% than male 37.0% this indicate that majority of woman effected with HIV/AIDS rather than male. As well the youth are more victims with these factors to compare with the adults and earlier youth. Moreover in the job category the Entrepreneurs, students and others it seemed are the one who is affected with these factors to compare with other job. Additionally on the base of education category the implication show that majority of respondents they have low level of education which indicate neither entrepreneurs or worked in informal sectors where there is possibility of sexual risk behaviors. Last on the category of the marital status majority of the respondents living alone or unmarried this implies that there is possibility of having more than one sexual partner. On the base of residential majority of people living urban rather than rural this

indicates that the problem of urbanization can be among of factors affecting new HIV/AIDS of the economically active population of Zanzibar.

4.3 Objectives of the Study

Objective 1: To find out factors which affecting new HIV/AIDS infections for the Economically Active Population of Zanzibar.

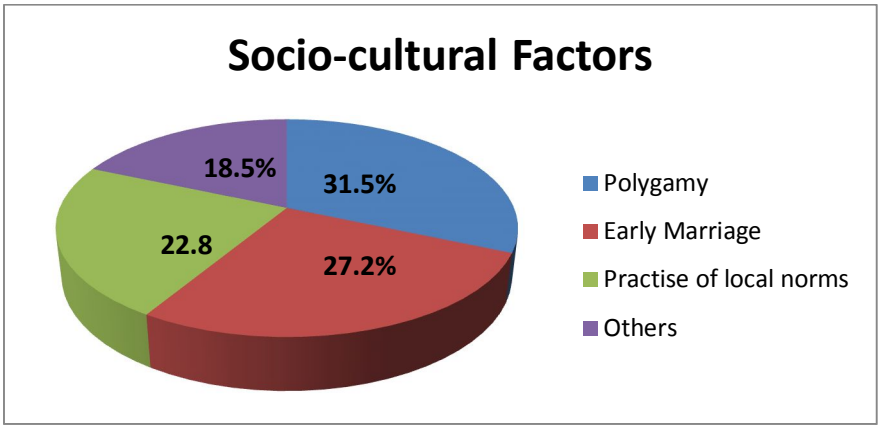
Figure 9 shows Socio-economic Factors Affecting new HIV/AIDS Infections of the Economically Active Population



Source: Investigator, 2015

According to figure 9 it seemed that poverty is the major source which contributing to new HIV/AIDS infection to the economically active population of Zanzibar, where out of 184 respondents, 104 respondents were mention this factor affecting more to compare with other factors. So according to this situation more generally effective programs needed aimed at sustainability of livelihoods which unlimited the possibilities of changing the socio-economic conditions of the poor. As well more programs for women and adolescent girls are needed in Zanzibar as women are more prone to HIV/AIDS than men, and as women have a key role to play in HIV/AIDS prevention, care and support.

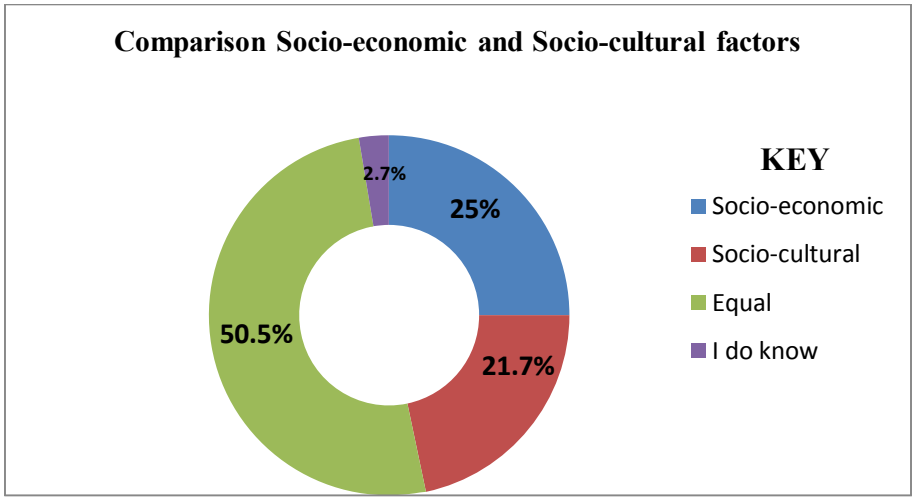
Figure 10 shows Socio-cultural Factors Affecting new HIV/AIDS Infections of the Economically Active Population



Source: Investigator, 2015

Figure 10 showing there is another factors affecting on this aspect as you can see the interval is between 4 to 5 digits for each percentage in each factor. Education programs focusing on HIV/AIDS prevention and care strategies need to make use of the cultural practices in a positive way so that communities can cooperate in the fight against HIV/AIDS. Additionally we need to consider strengthening the practice of culture since culture prescribes a lot of respect and with respect people are able to respect themselves and others and therefore minimize the extent of infecting each other. Also there is a need to implement special protection strategies to reach married adolescents to emphasis that ignoring the risks that young girls have may undermine the existing HIV intervention programs. Last but not list the couples to maintain the culture of being faithfulness in their marriage especially in the polygamy because the infection spread rapidly and for many in a once.

Figure 11 shows Comparative of Socio-economic and Socio-cultural Factors

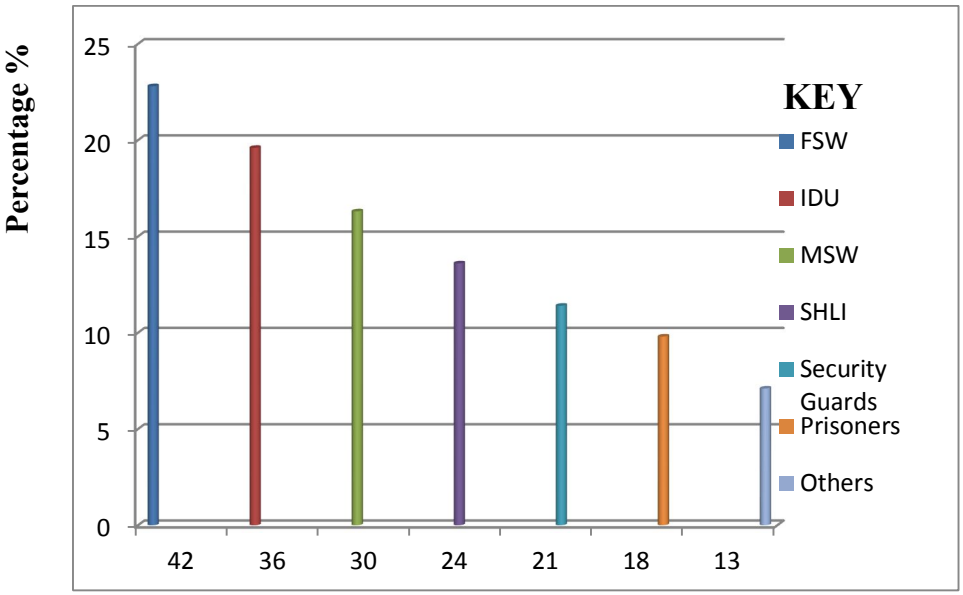


Source: Investigator, 2015

Based on the above figure it seemed that out of 184 respondents, 46 they said the Socio-economic factors affecting more new HIV/AIDS to compare with 40 respondents who said it affecting more Socio-cultural factors. While 93 respondents they said it affecting equal between Socio-economic factors and Socio-cultural Factors and only 5 persons they said they do know which one it affecting more. This imply that both factors from Socio-economic and socio-cultural ground contributing to new HIV/AIDS infections to the economically active population of Zanzibar though there is a low percentage gap between these two factors as figure above illustrated. The Government should set the priority of the development in Socio-economic factors and provide the lesson of behavioral change as the component to stop the Socio-cultural factors.

Objective 2: To investigate the Key Actors among the population who spread the HIV/AIDS scourge at Zanzibar.

Figure 12 shows KAP who spread HIV/AIDS Scourge in Zanzibar



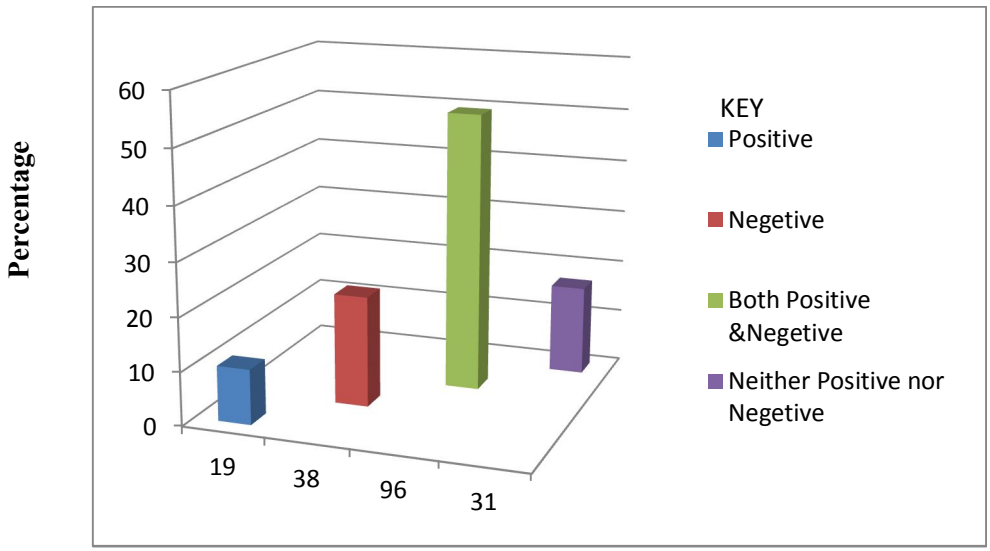
No of Respondent **Source: Investigator 2015**

This diagram it indicate the percentages of KAP of Zanzibar who affecting more new HIV/AIDS infection visa-vi the no of respondents out of 184 who questioned. The result show that there is almost same amount among Actors who spread new HIV/AIDS as you can see the interval is between 3 and 6 digit for all Actors. 4 Actors the interval is 6 these are FSW, SHLIs, Security Guards and Prisoners and for IDU and MSW the interval is 3. On the other side apart the list above which known as KAP of economically active population of Zanzibar still there is large number of other Actors who affecting new HIV/AIDS in this society as the percentage noted is 7.15. As well the CSW seemed to be the main KAP among all others for almost

22.8%. The Government should set the priority of development especially for the women because they are the ones who are affected and contributing more new HIV/AIDS.

Objective 3: To evaluate the impact of using ARVs medicine.

Figure 13 shows Impact of ARVs



No Respondent **Source: Investigator, 2015**

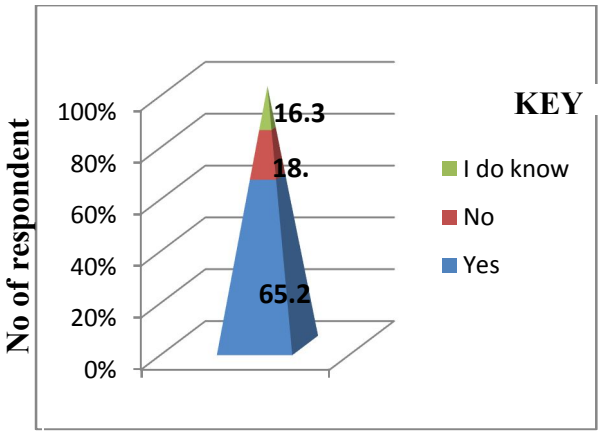
The figure above represent the impact of using RAVs for Zanzibar population where the indication show that out of 184 the people questioned 16.8% they said it has positive impact due to raise the life expectance of people who living with HIV/AIDS as well to make them smart and strong, while 20.7% they said it has only negative impact due to raise the number of people who is effected and accounted higher by including those who effected last time and the new one where this lead the government to spend more resources like money for buying the medication, to employ more staff

who will be responsible for taking care of them and provide the concerned services as well to have more health care center for concealing. Moreover 52.2% of respondents they said the use of RAVs it has both positives and negatives impacts at the same time and 10.3% their said the use of these they have neither positives nor negative impacts. This analysis imply that the majority of respondents they know the impacts of using RAVs so in one way it could be easy in case they will be effected to join in the responsible health care center to get treatment and for another side it give hope the active population to associate in dangerous behavior because once they effected they will have treatment.

Additionally for those who said neither nor simplify that they do know any impact of using RAVs so this will threat the life of others because may the already effected but they didn't go for HIV/AID VCTs. Standard pre-cost and on-going counseling should be incorporated in all HIV testing centers and consent prior to testing should be the norm for all HIV testing. There should be linkages for ARV therapy, Family Planning, and Comprehensive PMTCT services for HIV+ women.

Objective 4: To assess the relationship between HIV/AIDS and economic growth of Zanzibar.

Figure 14 shows Relationship of HIV/AIDS and Economic Growth

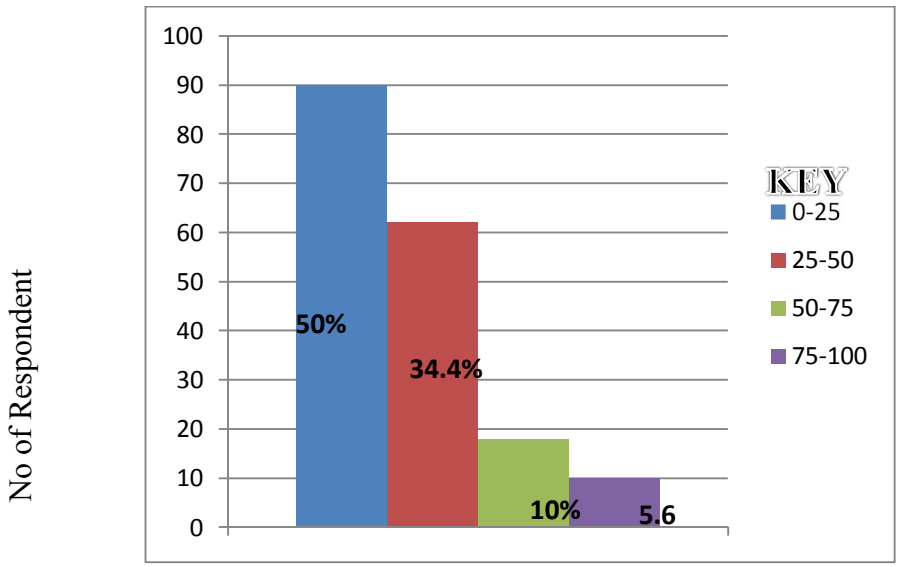


Source: Investigator, 2015

The implication of the figure above is that among all respondents 184 who express their view about 120 they said there is a relationship between HIV/AIDS and economic growth where if the active population infected later bad ridden or die it make the number of people who is producer to be down so on other way the government income also lost, as well in term of individual also spend the money for treatment and other health care. Also about 34 they respond they do know these imply that these people they still can engage in sexual harassment behavior without to know that it has the impact on the economic aspect. As well for those who respond they do know these imply that they have low awareness on the factors which affecting new HIV/AIDS of the economically active population and its impact to the economic growth of the country. The Government and Stakeholders of HIV/AIDS provide more sensitization and mobilization on the HIV/AIDS

issues with specially focus on the factors which affecting new HIV/AIDS of the economically active population and its impact to the economic growth of the country.

Figure 15 shows how HIV/AIDS Paralyze the Economic Growth of Zanzibar



Source: Investigator, 2015

According to the figure above it seemed that the economic growth of Zanzibar still does not effected more with HIV/AIDS as 90 of respondent they said it paralyses only under 25% this due to individual assessment and not national level. The government and Researchers should work on more studies so as to know how much HIV/AIDS affect the national level and by sector as well.

4.4 Summary of the Result

The presence of socio-economic factors including poverty, social status of women, emotional issues as the major factors as well other factors like urbanization, population growth, un employment rate etc. also affecting economically active population of Zanzibar.

Moreover socio-cultural factors like polygamy, early marriage and practice of local norms affecting the economically active population of Zanzibar however not only that but also the issue of globalization, kidnaping and rape, circumcision etc. also regarded as the factors affecting new HIV/AID infections of the Economically Active Population of Zanzibar.

Based on the socio-economic and socio-cultural factors the study found that both factors almost affecting the same just it differ for some percentage socio-economic factors are affecting by 25 % while socio-cultural factors have 21.7%. additionally the study found that the KAP who spread the HIV/AIDS scourge are many including FSW, IDU, MSM, SHLI, Security forces and Army, Prisoners etc. there is small interval of infections among these groups.

On the side of impact of using ARVs it seemed have both positive and negative impact. Positive impact including to maximize the life expectancy of the PLH+ and reduce the ratio of income dependency for their family while negative impacts increase the percentage ratio of HIV/AIDS figures, government expenditure cost and improper use of ARVs.

Last based on the relationship between HIV/AIDS and economic growth the study found that there is direct relationship between these two variables however for this case economic growth of Zanzibar not totally either partially affected with HIV/AIDS only it vary between 0-25% due to there is no specific study which is conducted to know for what extent productive sectors were effected with this disease.

CHAPTER FIVE

5.0 CONCLUSION AND RECOMMENDATIONS

5.1 Introduction.

This chapter summarizes and recommended about the factors which contributing new HIV/AIDS infections in the economically active population of Zanzibar according to the finding observed and presented.

5.2 Conclusion.

According to the findings observed, analyzed and presented it seemed that the population of Zanzibar they are much aware with the factors which contributing new HIV/AIDS infections in their economically active population though they need more sensitization and mobilization so as to have 3's 0 this means first zero to have population which is free from HIV/AIDS, second zero to avoid death which relate with the HIV/AIDS and the last zero is to avoid any case regarding with the stigmatization. Presence of more socio-economic factors like urbanization, low technology, poor infrastructure, gender balance etc. and socio-cultural factors like kidnaping, globalization, female circumcision etc. should be putting into consideration as other challenges in fighting against HIV/AIDS infections. As well the in the case of KAP who spread the HIV/AIDS scourge also there is more Actors like Couples, Fisherman, tourist etc. so Government should play the key role of empowerment regarding socio-economic factors and behavioral change policy to control socio-cultural factors.

5.3 Recommendations

The Government and HIV/AIDS Stakeholders should provide more knowledge of HIV/AIDS especially in the factors which contributing new HIV/AIDS infections through different programs like seminars, debates, brochures, posters etc. as well the media to occupy it central roles of disseminating that information very easily and frequently.

The Government should distribute and strengthen public services in all area of Zanzibar, because this is the one factor leading urbanization as well marked as the one factor which contributing new HIV/AIDS in the economically active population in most part of the world especially SSA.

The Government should speed up their efforts of having better life for each citizen by empower them in term of loans, grants, credit etc. so as to protect the status of active population not to become non active population by depending sexual trade to govern their life.

Entrepreneurship skills should be basic foundation in all level of education so as to fight the problem of poverty within the society as these are marked as major source contributing to new HIV/AIDS in economically active population.

The government should facilitate the village project and/or programs by equipping the modern resources for farmers, fisherman's, collectives groups etc.

The government should monitor and regulate private sectors (Investors) to focus on the priority of the employment for locals rather than foreigners especially in the tourism sectors where there is a large number of foreigners who occupy these chance in hotels.

The FBO which occupy a central role in the lives of the people to change their behavior should implement their role effectively.

Globalization occupy the role of simplify the development of the world, but these concept perceivably negatively in some society by destroy their good culture and imitate the new one, in one way it seemed one among of the factors which contributing new HIV/AIDS to the economically active population of Zanzibar. So the society should focus on the positive impact of globalization and emphasize the good culture of their society.

The society to be ready for behavioral change by turn their mind set which they have is the role of Government to fight against HIV/AIDS.

The law which relate with HIV/AIDS issues especially who spread these infections intentionally to be in place immediately and implemented effectively.

To have the culture of VCT and those who is found they are infected to occupy the behavior of openness these will help them strategically of their lives as well serve others though they are facing with the stigmatization.

Mobilization the use of condom and the Government to distribute more in all area of Zanzibar especially in the village because according to different studies which conducted in Zanzibar still there is low awareness of condom use due to the nature of the culture and very limited to access it.

IDU is the ranked as one among of the KAP in SSA including Zanzibar, so it's the time for the Government to pull up its socks in fighting against these issue.

The society should change their mind set they have if you are effected nowadays you will live longer as others because of using free ARVs. Also not to use these medication for other aim like for their animals grown up.

Since the tourism increasingly becoming a leading economic sector in Zanzibar, providing 11,500 workers with direct employment and an additional 45,000 engaged in tourist activities for active population, so it's time to set the strategy of control health status for those coming to Zanzibar as tourist, Investors as well those who looking for economic opportunity from neighbors like Tanzania Mainland, Kenya, Uganda etc. since it accounted also spread of infections quickly.

The Government should establish the HIV/AIDS Controlling Basket so as to reduce development partners funding and to be active in implementing SDG.

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APPENDIXES

Dear Respondent, I am student at SNU, Korea in the Department of GSPA majoring in MPA. In order to obtain a degree, it is a requirement that I must carry out research and produce a research project. I am carrying out research on the title **Factors Affecting new HIV/AIDS Infections for the Economically Active Population and its impact for Zanzibar Development**.

You have been identified to be one of the Respondents in this study. You are being requested to fill this questionnaire as genuinely and soon as possible to help me to achieve my goal. Your responses are going to be accorded the highest degree of confidentiality and they are going to be used for academic purposes only.

Thank you very much for your acceptance and contributions.

Name:

Shantufe Ali Mzee

Signature……

APPENDIXES 1: QUESTIONNAIRE

This questionnaire seeks your opinion on issue related to the Factors Affecting new HIV/AIDS Infections of the Economically Active Population and its implication for the Economic Growth of Zanzibar and will be answered by Civil Servants, NGO's, Entrepreneurs and SHLI.

PART A: BACK GROUND

1. Please specify your answers by numbering in specified area.

ITERM	CLASSIFICATION	CODE
1. Gender	1. Male	
	2. Female	
2. Age	1. 15- years	
	2. 15-25 years	
	3. 25-35 years	
	4. 35-45 years	
	5. 45-55 years	
	6. 55-65 years	
	7. 65+ years	
3. Job Status	1. Public Servants	
	2. Private Sectors	
	3. NGO's	
	4. Entrepreneurs	
	5. Students	
	6. Others	
4. Educational Status	1. Primary	
	2. Ordinary level	
	3. Advance level	
	4. College	
	5. Bachelor	
	6. Master	
	7. Ph. D	
5. Marital Status	1. Married	
	2. Single	
	3. Widow	
	4. Divorced	
	5. Cohabitation	
6. Residential	1. Urban -West	
	2. Coastal Area Zone	

If you answer other in 3 please identify……....

PART B: UNDERSTANDING OF FACTORS AFFECTING NEW HIV/AIDS INFECTIONS OF THE ECONOMICALLY ACTIVE POPUATION, KAP, IMPACT OF ARVs AND RELATIONSHIP

2. Please specify your answers according to the most seriously Socio-economic factor by numbering 1=very serious, 2=serious, 3=.less serious and 4 not serious.

ITERM	CODE
7. Poverty	
8. Social status of woman	
9. Emotional Issues	
10. other factor	

If you answer other in 10 please identify……

3. Please specify your answers according to the most seriously Socio-cultural factor by numbering 1=very serious, 2=serious, 3=.less serious and 4 not serious.

ITERM	CODE
11.Polygamy	
12. Early Marriage	
13. Practice of local norms	
14. other factor	

If you answer other in 14 please identify……

4. Please specify your answers according to the most spread Actor by listing 1-7.

ITERM	CODE
16. Security guards (military forces)	
17. Sex Commercial Workers	
18. Sex Men with Men	
19. Injecting Drug Abusers	
20. Students of Higher Learning Institutions	
21. Prisoners	
22. other KAP	

If you answer other in 22 please identify……

5 (a).Specify the impact of using ARVs by put the sign **X** in the code

ITERM	**CODE**
23. Positive Impact	
24. Negative Impact	
25. Neither negative nor positive	
26. Both negative and positive	

5 (b). According to your answer above what is your reason for choosing?	

6 (a).Please specify your answerby put the sign **X** in the code if there is relationship between HIV/AIDS and Economic growth.

ITERM	**CODE**
24. Yes	
25. No	
26. I do know	

6 (b). If your answer is Yes in 24 please explain how does it relate among those variables (HIV/AIDS and Economic growth)	

7. Please specify your answerby put the sign **X** in the code if HIV/AIDS paralyse the economic growth of Zanzibar.

ITERM	**CODE**
27. 0-25%	
28. 25-50%	
29. 50-75%	
30. 75-100%	

8. What is your opinion to overcome factors affecting new HIV/AIDS infection of the economically active population of Zanzibar?

31. Socio-economic factors	
32. Socio-cultural factors	

I APPRECIATE YOUR COOPERATION, THANKS

APPENDIX 2: INTERVIEW GUIDE

This will be answered by the PLH+ and Organization which is responsible of combating of HIV/AIDS at National Level.

1a. Is there any factors affecting new HIV/AIDS infections of the *Economically* Active Population of Zanzibar?

(b) If yes, mention any factors you know by categorized into socio-economic and socio-cultural factors.

(c) Rank your factors according to most seriously.

2a Is there any KAP who spread new HIV/AIDS infections to the Economically Active Population of Zanzibar?

(b) If yes, list them all you know by ranking the most affected one.

3a. Is there any impacts of using ARVs medicine?

b. If yes, what is negative and positive impacts of using ARVs doze?

4a. Is there any relationship between HIV/AIDS and economic growth of Zanzibar?

b. If yes, explain its relationship?

5a. Does HIV/AIDS paralyses the economic growth of Zanzibar?

b. If yes, for what extant HIV/AIDS paralyses the economic growth of Zanzibar?

6. What will be your suggestions to overcome the socio-economic and socio-cultural factors, which you mentioned above?

7. In your opinion what do you think will be solution to reduce the number of Key Actors who spread the HIV/AIDS scourge in Zanzibar as you have listed above?

8. Which role do you think should the Government play so as to make sure they reach the target of MDG of having free population of HIV/AIDS (0% of HIV/AIDS infections) where its implementation ended by this year?

9. Zanzibar without AIDS is it possible? If yes or no give a reason.

I APPRECIATE YOUR COOPERATION, THANKS

국문초록

잔지바르 경제활동인구의 신규 에이즈 감염에 대한 영향요인과 경제성장에 대한 함의 연구

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글로벌행정전공
서울대학교 행정대학원

여러 연구에 따르면 에이즈는 사하라 남부 아프리카 국가뿐만 아니라 전 세계적으로도 심각한 질병으로 분류되고 있으며 UN 위원회가 MDG 에 이어 SDG 에서도 그 대응 방안을 모색하고 있다. 그러나 에이즈에 따른 정책적 부담은 각 국가별로 상이하다. 잔지바르는 탄자니아에 속한 자치국으로서 1985 년 이후 에이즈가 범람하고 있다. 2010 년은 130 만인 전 국민의 1.6%가, 2012 년에는 전 국민의 1%가 에이즈 진단을 받은 것으로 나타났다. 따라서 본 연구는 에이즈 감염률이 단기간 내에 상승한 원인을 분석하고자 한다.

본 연구는 잔지바르 경제활동인구 중 신규 에이즈 감염에 미치는 일반적 영향 요인 분석과 에이즈를 확산시키는 KAP 에 대한 분석, ARV 를 이용한 영향평가, 에이즈와 잔지바르 경제성장률과의 관계 분석을 시도한다.

이 연구는 서베이조사연구방법론을 활용한다. 확률적 표본추출방법 중 층화표본추출방법을 이용하여 선택된 총 200 명의 대상자 중에서 184 명이 조사에 응했으며 이 중 9 명은 연구자가 불완전한 응답을 이유로 제외하였다. 데이터 수집은 설문조사, 인터뷰, 포커스 그룹 토론에 의해 이루어졌다. 수집된 데이터의 분석은 인구적 특성을 고려하며 SPSS 20.0 을 이용하였다. 연구 목표는 표, 그래프, 그림을 통하여 제시되었다.

분석 결과에 따르면 빈곤, 여성의 사회적 지위, 감정적 이슈를 포함한 사회경제적 요인이 도시화, 인구증가 실업률 등과 함께 주요 지표로 작용하고 있는 것으로 나타났다. 일부다처제, 조혼, 지역적 관습 등과 같은 사회문화적 요소도 잔지바르의 경제활동인구에 영향을 미치는 것으로 보인다. 세계화, 납치, 강간, 할례 등의 이수도 또한 경제활동인구의 신규 에이즈 감염에 영향을 주고 있다. 사회경제적 및 사회문화적 요소 모두 신규 에이즈 감염에 영향을 미치고 있으며 전자는 25%, 후자는 21,7%의 영향을 주는 차이를 보인다. 또한 에이즈를 확산시키는 KAP 는 FSW, IDU, MSM, SHLI, 보안경비대, 군대, 죄수 등을 포함한다. 또한 감염에 있어 집단 간 작은 격차가 발생하고 있다. ARV 의 이용효과 분석에 따르면 이는 긍정적인 측면과 부정적인 측면을 동시에 가지고 있는 것으로 보인다. 긍정적인 면으로는 PLH+의 기대수명 증가와 함께 가족에 대한 수입 의존도 감소가 있으며 부정적인 면으로는 에이즈 감염률 증가, 정부지출 증가, ARV 의 부적절한 사용을 들 수 있다. 에이즈와 경제성장 간 관계 측면에서 직접적인 상관관계가 발견되었으나 그 정도는 0~25% 사이 범위에서 변화하는 것으로 보인다. 생산분야가 에이즈에 의해 받는 영향에 대해서는 연구가 부족하기 때문이다.

본 연구는 잔지바르 경제활동인구의 신규 에이즈 감염에 대한 영향 요인에 대한 높은 수준의 관심이 필요함을 주장한다. 개인과 사회의 발전을 저해하는 모든 형태의 사회경제적 요소들에 대항하기 위해 사회문화적 요소들과 시민 역량 강화에 대한 전향적 태도가 필요하다.

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